



Quality is Our Bottom Line

FTR

Insurance Committee Public Hearing

Tuesday, March 10, 2013

Connecticut Association of Health Plans

Testimony regarding

**H.B. No. 6612 AAC THE HEALTH INSURANCE GRIEVANCE PROCESS FOR
ADVERSE DETERMINATIONS, THE OFFICE OF THE HEALTHCARE ADVOCATE
AND MENTAL HEALTH PARITY COMPLIANCE CHECKS**

**S.B. No. 1088 AAC ESTABLISHING A TASK FORCE TO STUDY ADVERSE
DETERMINATIONS BY HEALTH CARRIERS FOR THE TREATMENT OF MENTAL
DISORDERS**

**S.B. No. 1091 AAC ESTABLISHING A TASK FORCE TO STUDY HEALTH
INSURANCE COVERAGE OF AND PROGRAM ENROLLMENT OPTIONS FOR
TREATMENT THAT IS ORDERED BY A COURT FOR MENTAL DISORDERS.**

**S.B. No. 1089 AAC THE QUALIFICATIONS OF CLINICAL PEERS FOR ADVERSE
DETERMINATION REVIEWS**

**S.B. No. 1090 AA DECREASING THE TIME FRAME FOR CERTAIN ADVERSE
DETERMINATION GRIEVANCES**

The Connecticut Association of Health Plans pledges its continuing cooperation to the Legislature and the Administration in addressing the state's ongoing mental health and substance use needs. We have been working with the Program Review & Investigations Committee on their ongoing study since last summer providing to staff data and other information helping to inform their deliberations and we hope that the health insurance carriers will be invited to the table as you continue to discuss the bills above.

For the record, we do have some technical concerns that we would like to discuss as these bills are considered further including the ERISA preemption of certain sections particularly those regarding the role of the health care advocate. In addition, we are concerned that some of the provisions are so strict in nature, such as those defining clinical peers and tightening up the timeframes for review, that they may serve to increase denials rather than decrease denials. As we digest the proposals above further, we would be happy to provide the proponents of this legislation with a more detailed analysis.

We thank you for your consideration.